	DELAWARE HEALTH AND SOCIAL SERVICES Division of Services for Aging and Adults with Physical Disabilities	Case Management Service Specification Acquired Brain Injury Waiver

WAIVER SERVICE SPECIFICATION

1.0 SERVICE DEFINITION

1.1 Services that assist participants in gaining access to needed waiver and other State Plan services, as well as medical, social, educational, and other services, regardless of the funding source for the services to which access is granted. Services include identifying, planning, educating, accessing, monitoring and coordinating all community based supports and services.

2.0 SERVICE GOAL

2.1 The ABI case management services coordinate participant care, caregiver support, community support, and other services to promote participant independence, self-sufficiency, and freedom of choice.

3.0 SERVICE UNIT

3.1 The unit of service is one (1) month of service per participant.

4.0 SERVICE AREA

4.1 Providers must have the capacity to serve the entire State of Delaware.

5.0 SERVICE LOCATION

5.1 ABI case management service can be provided in a variety of locations according to the needs of the participant.

6.0 DESCRIPTION OF SERVICES

6.1 ABI case management services are to be prior-authorized by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). ABI case management ensures that the full range of appropriate services provided to the participant are planned, coordinated, and delivered in an efficient and effective manner.

6.2 Due to conflict of interest concerns, providers of case management are not permitted to provide additional services under the ABI waiver progrm

7.0 SERVICE STANDARDS

7.1 The provider must be able to establish connectivity with the State of Delaware's Medical Management Information System (MMIS) to enter participant prior-authorization, and documentation of case management notes.

7.2 The provider will have at least one (1) year of experience providing case management, in Delaware, to aging individuals and/or individuals with disabilities, preferably brain injured, and have knowledge of community resources.

7.3 The direct care provider must be licensed professional, competent and knowledgable with the needs of the ABI population such as a Licensed Psychologist, Neuro-psychologist, Registered Nurse, and/or a Licensed Clinical Social Worker.

7.4 If a Neuro-psychologist is not on the staff of the case management agency, a consultative relationship must exist.

7.5 All staff providing the service must be fully oriented and professionally qualified; the provider shall have written personnel policies.

7.6 The provider must comply with all applicable Federal and State, rules, regulations, and laws applying to the provision of the service.

7.7 The provider shall not enter into any subcontracts for any portion of the coordination of services covered by this contract without obtaining prior written approval from DSAAPD.

7.8 The provider must establish policies and procedures for operations to include:
7.8.1 participant admission/ discharge processes and criteria
7.8.2 scope of services
7.8.3 emergency coverage, including the needs of participants when circumstances exist in which regularly-scheduled service is not available. These policies should also include methodologies for prioritizing service delivery based on individual participants needs.
7.8.4 quality assurance and participant satisfaction
7.8.5 complaint resolution/grievance procedure.

7.9 The provider must be available during regularly scheduled daytime business hours.

7.10 The provider must provide administrative support to ensure that administrative tasks related to case management services are completed. Administrative support must include, but not limited

to participant records, case assessments, time sheets, care plans, and case notes, and other reports requested by DSAAPD.

7.11 Providers must keep appropriate documentation of referrals or correspondence with other health care professionals involved with the participant.

7.12 The provider's initial assessment instrument must be approved by DSAAPD.

7.13 The provider is responsible for the initial assessment to include a care plan.

7.14 The provider must complete the initial assessment and develop the participant care plan within five (5) days of receipt of a referral.
7.14.1 The initial assessment should encompass health status, functional capacity, strengths, deficits, and personal goals.
7.14.2 The care plan must have identified goals, objectives and be outcome oriented. The services to be provided, their amount and duration must be clearly stated.
7.14.3 At a minimum the care plan should address the areas of health care needs such as medication administration and skilled services such as therapies.

7.15 The provider must notify DSAAPD if case management services are not started within 10 (ten) calendar days of referral.

7.16 The provider is responsible for in person contact during the regular scheduled business hours, on at least a monthly basis to include.
7.16.1 Monthly visits are to be documented on an agency standard form to include the following information:
7.16.1.1 Name, date, location, others present.
7.16.1.2 Appearance of participant.
7.16.1.3 Review of service plan.
7.16.1.4 Review and update of prior concerns and effectiveness of plans to address those concerns.
7.16.1.5 Discussion of new concerns and proposed interventions.
7.16.1.6 Participant /caregiver satisfaction with Waiver program services.
7.16.1.7 Documentation of un-met needs (by either lack of services, refusal of services, non-compliance, etc.)

7.17 The provider is responsible for annual reassessment, to include review of care plan, its effectiveness, and the participant's satisfaction with services provided.

7.18 The provider must communicate any change in plan with the participant and/or guardian.

7.19 The provider must meet with the participant in a location appropriate to the care needs of the participant.

7.20 The provider must notify DSAAPD within three (3) business days, if there is a service interruption that can not be addressed within the existing staff of the case management agency.

7.21 The provider must assure a continuity of services when a participant is transferred from one waiver provider to another.

7.22 A transfer planning conference is required for a transfer of a participant from one case management agency to another. This conference must include DSAAPD, and the provider agencies in question.

7.23 In the event of a participant's hospitalization (of up to 30 days), the provider must continue to deliver services to the client upon hospital discharge. If a participant is hospitalized on the 31st day, the external Case Manager must notify the DSAAPD Case Manager for closure of the case.

7.24 The provider must ensure that all applicable health care professionals, behavioral health professionals, community supports, other Waiver service providers, caregivers and the participant are kept informed of changes in treatment plan.

7.25 Provider must comply with HIPPA requirements regarding privacy and security of protected health information and must use the HIPPA standard transactions for electronic billing.

7.26 The Provider must assure participant confidentiality.

7.27 Provider must ensure access to authorized representatives of Delaware Health and Social Services and/or CMS to the participant's case files and medical records.

7.28 The provider must agree that DSAAPD retains ownership of intitial assessment, and care plan documentation. These records will be furnished without cost by the provider, to DSAAPD within fifteen (15) days upon termination of client services.

7.29 The provider must comply with DSAAPD quality assurance initiatives related to this program.

7.30 The provider must establish a system through which participants may present grievances about the operation of the service program. The provider also agrees to advise participant's of this right and will advise participant s of their right to appeal denial or exclusion from Case Management program services and their rights to a fair hearing process. The provider must have

written documentation of this system, along with a written procedure of how these complaints will be communicated to DSAAPD.

7.31 The provider will make a reasonable effort to confer with DSAAPD to resolve problems that threaten the continuity of a participant's service. Any decision to terminate service will be discussed first with DSAAPD and then the participant before action is taken. The DSAAPD Case Manager and the participant will be notified in writing not less than fourteen (14) calendar days in advance of the provider's intent to terminate a participant who continues to be eligible for Long Term Care Medicaid services. The letter shall include reasons for termination and steps taken by the provider to resolve problems prior to termination.

7.32 The provider must give DSAAPD thirty (30) days written notice if terminating five (5) or more participants at a given time.